



Illinois Department of Revenue

ST-2-X Amended Multiple Site Form

Attach to Form ST-1-X.

REV 001

FORM 010

Do not write above this line.

Account ID: _____ - _____

Business name: _____

Reporting period you are amending: ____/____/____ through ____/____/____
Month Day Year Month Day Year

Write the figures that should have been filed. You must round your figures to whole dollars.

Base (a) X rate = tax (b)

Site where taxable sales were made

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

4a _____ X _____ = 4b _____
(rate)

Food, drugs, and medical appliances

5a _____ X _____ = 5b _____
(rate)

Receipts taxed at other rates

8a _____ 8b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

4a _____ X _____ = 4b _____
(rate)

Food, drugs, and medical appliances

5a _____ X _____ = 5b _____
(rate)

Receipts taxed at other rates

8a _____ 8b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

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Food, drugs, and medical appliances

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Receipts taxed at other rates

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